For use of th	NURSING UN nis form, see AR 40-3; the prop	NIT 24 HOUR REPORT onent agency is the Office of The	WAR	D/UNIT	CAPACITY	CENSUS	AT 0700 DATE	
ADM DATA	DAY	EVENING	NIGHT			OTHE	ER NOTATIONS	
CENSUS					DAY	E	EVENING	NIGHT
ADMISSIONS								
TRANSFER IN								
TRANSFER OUT								
DISPOSITIONS								
VACANT BEDS								
NURSE'S SIGNATURE								
Check one	SI NEW ADM	W ADM PC			DIAGNOSIS/SURGICAL PROCEDURE			
PATIENT'S IDENTIFI	ICATION	DAY	-1	EVEN	IING		NIGHT	
Check one	SI NEW ADM	HOSPITAL DAY	POST-OP DAY		DIAGNOSIS/SURGICAL	PROCEDURE		
PATIENT'S IDENTIFI	ICATION	DAY		EVEN			NIGHT	
Check one	SI NEW ADM	HOSPITAL DAY	POST-OP DAY		DIAGNOSIS/SURGICAL	PROCEDURE		
PATIENT'S IDENTIFI	ICATION	DAY		EVEN	IING		NIGHT	

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PATIENT'S II	DENTIFICATION	N	DAY	<u>'</u>	EVENING	NIGHT	
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Check one			HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGIO	CAL PROCEDURE	
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PATIENTSIL	DENTIFICATION	N	DAY		EVENING	NIGHT	